



0605504012

ADDITIONAL OWNERSHIP / RELATIONSHIP FORM
 (Complete Only If Necessary)

(PLEASE PRINT OR TYPE)

**FOR OFFICE
USE ONLY**

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LEGAL BUSINESS NAME:

	CHECK ALL THAT APPLY		EFFECTIVE DATE		/ /	
	<input type="checkbox"/> Owner	<input type="checkbox"/> Officer	<input type="checkbox"/> Alcohol Licensee	<input type="checkbox"/> Related Business		
	<input type="checkbox"/> Partner	<input type="checkbox"/> Managing Member	<input type="checkbox"/> Tobacco Licensee	<input type="checkbox"/> Parent Company		
A	BUSINESS NAME		STI or LICENSE NO.			
B	GA. SALES TAX NO.		GA. WITHHOLDING TAX NO.			
C	LAST NAME	FIRST NAME	M.I.	TITLE	SOCIAL SECURITY NO.	
D	ADDRESS					
E	CITY	STATE	ZIP	COUNTY	COUNTRY	PHONE ()

	CHECK ALL THAT APPLY		EFFECTIVE DATE		/ /	
	<input type="checkbox"/> Owner	<input type="checkbox"/> Officer	<input type="checkbox"/> Alcohol Licensee	<input type="checkbox"/> Related Business		
	<input type="checkbox"/> Partner	<input type="checkbox"/> Managing Member	<input type="checkbox"/> Tobacco Licensee	<input type="checkbox"/> Parent Company		
A	BUSINESS NAME		STI or LICENSE NO.			
B	GA. SALES TAX NO.		GA. WITHHOLDING TAX NO.			
C	LAST NAME	FIRST NAME	M.I.	TITLE	SOCIAL SECURITY NO.	
D	ADDRESS					
E	CITY	STATE	ZIP	COUNTY	COUNTRY	PHONE ()

	CHECK ALL THAT APPLY		EFFECTIVE DATE		/ /	
	<input type="checkbox"/> Owner	<input type="checkbox"/> Officer	<input type="checkbox"/> Alcohol Licensee	<input type="checkbox"/> Related Business		
	<input type="checkbox"/> Partner	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Tobacco Licensee	<input type="checkbox"/> Parent Company		
A	BUSINESS NAME		STI or LICENSE NO.			
B	GA. SALES TAX NO.		GA. WITHHOLDING TAX NO.			
C	LAST NAME	FIRST NAME	M.I.	TITLE	SOCIAL SECURITY NO.	
D	ADDRESS					
E	CITY	STATE	ZIP	COUNTY	COUNTRY	PHONE ()

SIGNATURE SECTION

I HAVE EXAMINED THIS FORM, AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND CORRECT.

 Signature Title Date

(MUST BE SIGNED BY OWNER, PARTNER, OR CORPORATE OFFICER AS LISTED IN THE RELATIONSHIP SECTION ABOVE.)